

BENJAMIN J. CAYETANO  
GOVERNOR



DIRECTOR'S OFFICE  
DEPT. OF  
TRANSPORTATION

SEP 7 10 54 AM '95

SAM CALLEJO  
~~COMPTROLLER~~  
Comptroller

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STATE OF HAWAII  
DEPARTMENT OF ACCOUNTING  
AND GENERAL SERVICES

P. O. BOX 119  
HONOLULU, HAWAII 96810-0119

SEP 6 1995

COMPTROLLER'S MEMORANDUM NO. 1995-28

TO: Heads of Departments

ATTN: Administrative and Fiscal Officers

SUBJECT: Revised Vendor Table Maintenance, SAFORM A-54

This is to inform departments that a revised Vendor Table Maintenance, SAFORM A-54 will be effective as of September 1, 1995. The new forms should be available from Correctional Industries starting October 2, 1995. Remaining quantities of the old form may be used until August 31, 1996. After that date, departments and agencies will be required to use the new form.

Attached for your information is a sample copy of the revised form with the specific changes described below:

VENDOR TABLE MAINTENANCE, SAFORM A-54

1. Added department code Y7.
2. Changed revision date to September 1, 1995 (REVISED).

Should there be any questions regarding this memorandum, please call Dona Kang of our Systems Accounting Branch at 586-0610.

  
SAM CALLEJO  
State Comptroller

Attachment

SEP 11 1995

STATE OF HAWAII  
VENDOR TABLE MAINTENANCE

☐ TIVE CONSTANT DATA AND TABLE TYPE

FUNCTION ☐ (A=ADD, C=CHANGE, D=DELETE)

- FOR DEPARTMENT USE ONLY
- ☐ CONFIRMING VENDOR NUMBER (VIA PHONE)
  - ☐ INDIVIDUAL (NON-EMPLOYEE)
  - ☐ FOR ENCUMBERED CONTRACT
  - ☐ NAME CHANGE
  - ☐ ADDRESS CHANGE

VENDOR NO.   SORT SEQ.

VENDOR TYPE ☐

MINORITY BUS. IND. ☐

SMALL BUS. IND. ☐

PHONE   AREA CODE  LOCAL NUMBER

STATUS ☐

COUNTY

DISTRICT

COUNTRY CODE

DEPARTMENT

CODE

A	B	C	D	E	F	G	H	I	J	K	L	M
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N	O	P	Q	R	S	T	U	V	V1	W	X	Y1
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Y2	Y3	Y4	Y5	Y6	Y7	Z1	ZZ					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VENDOR NAME

VENDOR ADD. 1

VENDOR ADD. 2

VENDOR ADD. 3

VENDOR CITY

VENDOR STATE

VENDOR ZIP CODE

CONTACT NAME

VENDOR CONVERSION

S.S.-E.I.N. NO.

PREPARED BY

DATE

PHONE NO.

ENTERED BY

DATE

AUTHORIZED BY

DATE